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34082 7590 10/06/2009

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Michelle M. Robinson (Depositor's name)

Michelle M. Robinson (Signature)

12/28/2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,538	11/26/2003	Martinus W.J.T. Kuijpers	P05392US1	8664

TITLE OF INVENTION: MEANS FOR CURVING SAUSAGE LINKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/06/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEYSON, JOSEPH S	1791	425-382400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 _____ 2 _____ 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stork Townsend Inc.

Des Moines, Iowa

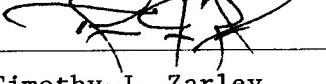
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature 

Date 12/28/2009

Typed or printed name *Timothy J. Zarley*

Registration No. 45,253

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